



**CITY OF KELSO
ENGINEERING DEPARTMENT**

203 S. Pacific Ave, Ste 205
Kelso, WA 98626
(360) 423-6590, FAX (360) 423-6591

To: All Interested Parties

RE: **SMALL WORKS ROSTER**

Dear Contractor:

Thank you for your interest in the City of Kelso Small Works Roster. Please complete and sign the Small Works questionnaire/application, and return it to the Public Works Department. We will need a current Certificate of Insurance on the standard "Acord" or comparable form. Depending on the level of risk associated with your company's chosen area of expertise, you will be required to have either Level A or Level B insurance coverage. Refer to the list below for each area of work to be performed to see which insurance coverage is required. If you chose both A and B levels of work, you must carry the most restrictive, which is Level A.

Level A

Asbestos Abatement
Concrete
Ditch Cleaning
Excavating
Paving
Utilities Construction
Traffic Signalization

Commercial General Liability Insurance (CG 00 01 01 96 or its equivalent)

- \$1 million Per Occurrence Limit
- Occurrence Coverage Trigger
- \$1 million Auto Liability Coverage
- \$2 million General Aggregate Limit (CG 25 03)
- \$1 million Products - Completed Operations Aggregate Limit
- Washington Stop Gap. This must be indicated on the certificate
- City Named as an Additional Insured (CG 20 10 11 85 or its equivalent)

Level B

Building Remodel/Repair
Building Demolition
Cabinetry
Cable Installation
Carpenter
Carpet/Floor Covering
Communications
Drywall
Electrical

Fencing
General Contractor
Glass/Window Installation
Heating/Air Conditioning
Janitorial
Landscaping
Masonry
Painting
Plumbing

Pump Installation/Repair
Roofing
Signage
Storage Tank Removal
Welding
Well Drillers
Window Coverings

Commercial General Liability Insurance (CG 00 01 01 96 or its equivalent)

- \$500,000 Per Occurrence Limit
Occurrence Coverage Trigger
- \$500,000 Auto Liability Coverage
- \$1 Million General Aggregate Limit
- \$1 Million Products - Completed Operations Aggregate Limit
- Washington Stop Gap. This must be indicated on the Certificate
- City Named as an Additional Insured

Prior to full execution of contract our office must receive the following:

- A copy of valid City of Kelso Business License
- Performance Bond for the full amount for contracts **over \$20,000 (bond must be delivered to City within 5 working days from date of Notice of Award or the award will be void)**

Prior to release of first payment, we must receive the following:

1. A current Approved Statement of Intent to Pay Prevailing Wage (RCW 39.04, 39.12, 43.19, 49.28). **(combined Intent to Pay Prevailing Wages and Affidavit of Wages Paid forms will not be accepted)**
2. Verification of a valid Washington State Contractors license.
3. An IRS form W-9 or Corporate Certificate on file with Finance Office, City of Kelso.

In addition, **prior to release of final payment**, we must receive the following:

1. An approved Affidavit of Wages Paid from the Washington State Department of Labor & Industries

For Contracts over \$35,000, in addition to above requirements **prior to release of retainage**, we must receive the following:

2. Release from Washington State Department of Revenue
3. Release from Washington State Department of Employment Security and
4. Release from Washington State Department of Labor & Industries

If you have any questions, please call City of Kelso Project Coordinator at (360) 423-6590.

City of Kelso
P.O. Box 819
Kelso, Washington 98626

SMALL WORKS POLICY
(Public Works Contracts Under \$300,000.00)

Small Works Roster contracts are for a fixed period of time, during which the Contractor may be called upon to perform multiple smaller projects. Only a single Intent and a single Affidavit may be required to be filed under those contracts (RCW 39.04.010). Projects awarded from Small Works Roster contracts require the prevailing wage rates be paid. Public work is defined as all work, construction, alteration, repair or improvement that is executed at the cost of the state or any other local public agency. This includes, but is not limited to, demolition, remodeling, renovation, road construction, building construction, ferry construction and utilities construction (RCW 39.04.010).

All Contractors performing this type of work are pre-qualified and selected from the Small Works Roster. The City maintains a list of pre-qualified contractors. This "pre-qualification" includes legal documentation required to perform work for the City. Technical "pre-qualification" of contractors will be done on a per project basis by the project manager. Each contractor shall comply with Washington State Prevailing Wage Law RCW 39.12. Each contractor shall file a "Statement of Intent to Pay Prevailing Wages" form the first time he is called upon to perform work. The "Statement of Intent to Pay Prevailing Wages" form is required prior to release of payment (RCW 39.12.020, 040 and 042). Prevailing wage rates are in effect for a six-month period. These periods are from approximately March through August and September through February. Each Contractor shall file an "Affidavit of Wages Paid" form for the work performed during the preceding six month period in order to remain on the Small Works Roster and to receive any retained funds due (RCW 39.12.040 and 042).

For projects of \$35,000.00 or more, the City may request certified payrolls, either weekly or bi-weekly. Also, there will be reserved and retained from monies earned by the Contractor on estimates during the progress of the work, a sum equal to 5 percent of all such estimates. The City, following the final completion and acceptance of all contract work shall withhold payment of the retained percentage until all closeout requirements are satisfied. Retainage shall be paid to the Contractor at the expiration of 60 days per RCW 39.12 and RCW 60.28, in the event no claims, as provided by law, have been filed against such funds; and further that releases or certificates have been obtained from the State Department of Labor & Industries, State Department of Revenue, State Employment Security, and all other departments and agencies having jurisdiction over the activities of the Contractor. In the event such claims are filed, the Contractor shall be paid such retained percentages less an amount sufficient to pay any such claims, together with a sum sufficient to defray the cost of foreclosure action and to cover attorney fees as determined by the City.

**CITY OF KELSO
SMALL WORK ROSTER
QUESTIONNAIRE/APPLICATION**

(Please print or type your response)

COMPANY NAME: _____

MAILING ADDRESS: _____

City

State

Zip

CONTACT PERSON: _____

E-MAIL ADDRESS: _____

TELEPHONE # _____ FAX # _____

OWNERSHIP TYPE: _____ Corporation _____ Owner Operator

EMPLOYEES: _____ Yes _____ No

WASHINGTON STATE MINORITY CLASSIFICATION: DBE _____ MBE _____ WBE _____
CERTIFICATION NUMBER: _____

WASHINGTON CONTRACTOR LICENSE NUMBER: _____
(required)

CITY OF KELSO BUSINESS LICENSE NUMBER: _____
(required prior to commencement of work)

UNIFIED BUSINESS IDENTIFICATION NUMBER (UBI): _____

AREA(S) OF EXPERTISE: *(Please indicate no more than 5)*

- | | |
|--|--|
| <input type="checkbox"/> Asbestos Abatement <i>(Attach copy of L & I Certification Card)</i> | <input type="checkbox"/> Landscaping * |
| <input type="checkbox"/> Building Remodel/Repair | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Building Demolition * | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Cabinetry | <input type="checkbox"/> Paving |
| <input type="checkbox"/> Cable Installation | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Pump Installation/Repair |
| <input type="checkbox"/> Carpet/Floor Covering | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Storage Tank Removal <i>(Attach copies of IFCI Certification Cards)</i> |
| <input type="checkbox"/> Ditch Cleaning | <input type="checkbox"/> Utilities Construction |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Traffic Signalization |
| <input type="checkbox"/> Electrical * | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Excavating | <input type="checkbox"/> Well Drillers |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Window Coverings |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Glass/Window Installation | _____ |
| <input type="checkbox"/> Heating/Air Condition * | _____ |
| <input type="checkbox"/> Janitorial | _____ |

* Additional Licensing may be Required (see back page)

[illegible]

Print/Type Name Preparer

Date _____

*The City reserves the right to request additional information prior to contracting.
Availability of work is not guaranteed.*

Dear Contractor:

RE: Form 1099-MISC – INTERNAL REVENUE INFORMATION RETURN

The Internal Revenue Service requires that we file form 1099-MISC for each person, other than a corporation, to whom we remit at least Six Hundred Dollars (\$600.00) in one year for rents, payment for services (including parts and materials), other miscellaneous payments, or medical and health care payments.

If You Are Not a Corporation: Complete the enclosed form W-9 with your name, address, and social security number or taxpayer identification number. For a sole proprietor, the owner's name is required on line one, with the company name on line two. If using your social security number, please be sure the name on line one is the same as it appears on your social security card.

If You Are a Corporation: Complete the enclosed Corporate Certification with the company name and corporate identification number.

If you do not provide is with this information, we are required to retain a twenty percent (20%) back up withholding from all payments subject to these reporting requirements and you may be subject to a Fifty Dollar (\$50.00) penalty from the Internal Revenue Service.

Please return the appropriate W-9 or Corporate Certification form to:

Attn: Accounts Payable
City of Kelso
PO Box 819
Kelso, WA 98626

If you have any questions, you may contact the Internal Revenue Service at 1-800-829-1040. Thank you.

CORPORATE CERTIFICATION

I hereby certify that the below listed entity is a Corporation and not subject to reporting of income on Internal Revenue Service form 1099-MISC.

Corporation Name

Taxpayer Identification Number

Date

Certified By

Title